International Science Group

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XI
INTERNATIONAL SCIENTIFIC AND PRACTICAL CONFERENCE "MODERN ASPECTS OF SCIENCE AND PRACTICE"

Melbourne, Australia
November 30 - December 03, 2021

ISBN 978-1-68564-520-5

DOI 10.46299/ISG.2021.II.XI

MODERN ASPECTS OF SCIENCE AND PRACTICE

Abstracts of XI International Scientific and Practical Conference

Melbourne, Australia
November 30 – December 03, 2021

UDC 01.1

The XI International Science Conference «Modern aspects of science and practice», November 30 – December 03, 2021, Melbourne, Australia. 590 p.

ISBN - 978-1-68564-520-5
DOI - 10.46299/ISG.2021.II.XI

Editorial board

CURRENT TRENDS IN THE SURGICAL TREATMENT OF HEMORRHOIDS

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Introduction.

Hemorrhoids - it is one of the most common diseases of the rectum (1-6). Its frequency is 130-145 people per 1,000 adults, and the level of hospitalization reaches 30-40%. The proportion of the disease in the overall structure of rectal pathology is still 34-41%, affecting patients of working age (1,2,5,6). The disease not only leads to temporary disability during exacerbations, but also significantly reduces the quality of life. Therefore, the issue of surgical treatment of hemorrhoids is still very relevant today (1-6). No less important is the reduction of the cost of treatment and the intervention itself without reducing the radicality of the operation. Even now the most effective method of surgical treatment of hemorrhoids is still hemorrhoidectomy (1-6). To improve it and reduce surgical trauma and blood loss, the use of modern surgical electric welding equipment for the removal of cavernous tissue of the rectum has become relevant (3,4).

The goal of the work: Identify and analyze advantages and disadvantages of hemorrhoidectomy using electric welding equipment for complicated hemorrhoids.

Object and methods of research. The treatment of 81 patients with bleeding hemorrhoids of stage 2-4 for the period from 2016-2021 was analyzed in the clinic of the Surgery department №3 O. Bogomolets National medical university. Mantis, who underwent hemorrhoidectomy using electric welding equipment (devices Patonmed, ALAN, Liga Sure).

Results and their discussion. The structural distribution of patients by sex is as follows: among them there were 45 (55.6%) women and 36 (44.4%) men. The mean

age of patients was 37.2 years. 27 patients had chronic hemorrhoids of the II degree, in 48 - III degrees, in 6 - IV degrees. All patients had manifestations of rectal bleeding in 21 patients had pain associated with anal fissures, when the operation was supplemented by devulsion of the anus and excision of the crack. All surgeries were performed under spinal or general anesthesia. No severe postoperative complications were noted. The length of stay in the hospital was 2 - 3 days and the period of outpatient treatment - 12-21 days. Moderate pain on discharge from the hospital persisted in 18 (22.22%) patients, none of whom was required for re-hospitalization. In 23 (28, 4%) patients remained swollen and moderate bloody discharge during the act of defecation for up to 2 weeks, which were successfully treated on an outpatient basis. The patients' ability to work was restored after 10-12 days. Only 5 (6.17%) of the patients reported recurrent discomfort and itching in the rectum 4 weeks after surgery.

Conclusions. Hemorrhoidectomy performed with electric welding equipment is an effective and modern surgical procedure that requires no use of suture material. The application of the technique significantly reduces surgical blood loss, reduces the time of the operation, reduces its cost. The use of the method in acute bleeding hemorrhoids of stage 2-4 is promising, requires further analysis of the long-term results in order to compare them with other surgical procedures.

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